

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable) \_\_\_\_\_  
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for ☐ Petitioner or ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Petitioner

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Respondent

### NOTICE OF INITIAL DEPENDENCY HEARING

\_\_\_\_\_  
Child(ren)'s Name  
(Person(s) under the Age of 18)

**WARNING: YOU MAY LOSE CUSTODY OF YOUR CHILD(REN) IF YOU DO  
NOT APPEAR AT THIS HEARING.**

**NOTICE IS HEREBY GIVEN** that the Petitioner, (name of Petitioner)  
\_\_\_\_\_ has filed a Dependency Petition with the Juvenile Court in  
Maricopa County regarding the above-named child(ren) and the child(ren) has/have been made a  
temporary ward of the Court.

**A HEARING HAS BEEN SET** to consider the Petition on:

Date of Hearing: \_\_\_\_\_ Time of Hearing: \_\_\_\_\_

Location: \_\_\_\_\_ Maricopa County Juvenile Court Center (check one box)  
☐ **Durango Facility** OR ☐ **Southeast Facility**  
3131 West Durango Street 1810 South Lewis Street  
Phoenix, Arizona 85009 Mesa, Arizona 85210

Name of Judicial Officer: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

**IF YOU FAIL TO ATTEND THE HEARING, THE COURT MAY REGARD YOUR FAILURE TO  
ATTEND AS A WAIVER OF YOUR RIGHTS AND AN ADMISSION OF THE TRUTH OF THE  
STATEMENTS MADE IN THE PETITION. THE HEARING MAY PROCEED WITHOUT YOU  
AND MAY RESULT IN A JUDGMENT OF DEPENDENCY, THE TERMINATION OF PARENTAL  
RIGHTS OR THE ESTABLISHMENT OF A PERMANENT GUARDIANSHIP. A.R.C.P. 48(C)  
(Juvenile)**